

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

626461

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9	1						59						
10		4					60						
11		4					61						
12		4					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		3					67						
18		3					68						
19		1					69						
20		4					70						
21		4					71						
22		4					72						
23	1						73						
24		5					74						
25		5					75						
26	1						76						
27		1					77						
28		1					78						
29		3					79						
30		4					80						
31				1			81						
32				1			82						
33				1			83						
34			1				84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				6			90						
41			1				91						
42				1			92						
43				1			93						
44				1			94						
45				4			95						
46			1				96						
47				1			97						
48							98						
49							99						
50							100						
TOTAL IND.	6		9				TOTAL IND.						
TOTAL DEP.	59		81				TOTAL DEP.						
TOTAL CLAIMS	65		90				TOTAL CLAIMS						